

**ANTELOPE VALLEY AIR QUALITY MANAGEMENT DISTRICT
CARL MOYER PROGRAM HEAVY DUTY DIESEL EMISSIONS REDUCTION
PROGRAM APPLICATION**

All applicants must complete this form.
Please print or type all information on this and any attached applications.

APPLICANT INFORMATION											
Company Name		Mailing Address									
Type of Business											
Contact Person		City									
Title		State		ZIP							
Phone Number		Fill in physical address below if different from mailing address									
Fax Number		Physical Address									
E-mail Address		City									
Name and title of person who will sign Agreement	Name	State		ZIP							
	Title										
Tax ID (Check one)	<input type="checkbox"/> Federal Employers ID #				--						
	<input type="checkbox"/> Individual/Sole Proprietor				--			--			

Vehicle / Equipment / Engine Vendor Information					
Contact		Address			
Company		City			
Phone		State		ZIP	
Fax		E-mail			

Please read each section and initial in the space provided

- _____ The purchase of this low-emission technology is NOT required by any local, state, and/or federal rule or regulation.
- _____ The vehicle/engine will be used within AVAQMD boundaries for at least the projected usage as shown in this application
- _____ I understand that an IRS Form 1099 will be issued to me for incentive funds received under the AVAQMD Carl Moyer Heavy Duty Diesel Emission Reduction Program. I understand that it is my responsibility to determine the tax liability associated with participating in the AVAQMD Carl Moyer Heavy Duty Diesel Emission Reduction Program.
- _____ I understand that an hour meter/odometer will be installed on all funded vehicles/equipment and that the hour meter/odometer will record the hours/miles accumulated within and outside AVAQMD boundaries.
- _____ I have not and will not submit applications to any other incentive programs for the equipment specified in this application without advance notification to the AVAQMD.
- _____ I understand that any engine replaced under this program MUST be destroyed and documentation provided to the AVAQMD.
- _____ I understand that any award made will be based upon the Carl Moyer Program Guidelines, this application and quotes provided with this application. The quotes provided DO NOT include:
- engine freight
 - any repairs/maintenance not necessitated by the specified lower emission technology
 - transportation costs of any kind
- _____ I understand that any other financial incentives received towards this project will reduce my Carl Moyer Program eligibility

Application Statement

All information provided in this application will be used by the Antelope Valley Air Quality Management District to evaluate the eligibility of this application to receive incentive funds. AVAQMD staff reserves the right to request additional information of the applicant and can deny the application if such information is not provided.

- ✦ I certify to the best of my knowledge that the information contained in this application is true and correct.
- ✦ I have the legal authority to apply for incentive funding for the entity described in this application.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

Third Party application preparation:

List any preparation fee and source of funding:	
Printed Name of Responsible Party:	Title:
Company:	
Signature of Responsible Party:	Date:

WORK STATEMENT/SCHEDULE OF DELIVERABLES

All applicants must provide the information specified on this form.

Provide the information detailed below. Attach additional pages if necessary.

- ✦ A program schedule, with project milestones and dates clearly identified;

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- ✦ Record-keeping for the life of the funded project: Please list steps taken to ensure information is available to provide at a minimum the following reports:
 1. **Quarterly status reports** until the equipment purchase has been accomplished. These reports shall include a discussion of any problems encountered and how they were resolved, any changes in the schedule, and recommendations for completion of the project. These progress reports are required before payment will be made.
 2. An **annual report**, for the duration of the project life used to determine cost-effectiveness, which provides the annual hours of operation, amount and type

of fuel used, and operational and maintenance issues encountered and how they were resolved. All equipment will be required to have a non-re-settable hour meter or odometer installed. AVAQMD reserves the right to verify the information provided.

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✦ Refueling (alternative fuels only: Describe how and where equipment will be refueled (on-site, existing facility, mobile equipment, etc.):

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VEHICLE / EQUIPMENT INFORMATION FORM

Primary Function of Vehicle:

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Equipment Type (check one):

<input type="checkbox"/> Off Road NEW <input type="checkbox"/> Off Road REPOWER <input type="checkbox"/> Off Road RETROFIT <input type="checkbox"/> On Road NEW <input type="checkbox"/> On Road REPOWER <input type="checkbox"/> On-Road RETROFIT <input type="checkbox"/> Locomotive <input type="checkbox"/> Agricultural <input type="checkbox"/> Forklift <input type="checkbox"/> Auxiliary Power Unit <input type="checkbox"/> GSE <input type="checkbox"/> Other

Annual Vehicle Usage:

Operation within California (%):	Operation within AVAQMD Boundaries (%):
Annual Hours Spent within AVAQMD Boundaries:	
Estimated Annual Fuel Consumption:	

Existing Vehicle Information:

Make:	Model:	Model Year:	GVWR:
Vehicle Identification Number:	Fleet ID Number:	License Plate:	Odometer Reading:
			Vehicle Type:

Existing Engine Information:

Make:	Model:	Model Year:	Serial Number:	HP:	Hour Meter:
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Fuel Type: <input type="checkbox"/> CNG <input type="checkbox"/> LNG <input type="checkbox"/> LPG <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Other:_____		
Existing Engine Rebuild Parts Cost:	Existing Engine Rebuild Labor Cost:	Total Rebuild Cost:

+ All estimates must be accompanied by proper documentation.

New or Replacement Vehicle Information:

Make:	Model:	Model Year:	GVWR:
Vehicle Identification Number:	Fleet ID Number:	License Plate:	Odometer Reading: Vehicle Type:

New Engine or Retrofit System Information:

Make:	Model:	Model Year:	Serial Number:	HP:	Hour Meter:
Fuel Type: <input type="checkbox"/> CNG <input type="checkbox"/> LNG <input type="checkbox"/> LPG <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Other:_____					
Engine Repower Parts Cost:	Engine Repower Labor Cost:	Total Repower Cost:			
Description of retrofit technology (REQUIRED IF CARB VERIFIED):					Retrofit Cost:
Locomotive Projects – EMU required: Installed cost + data summarization fees:					
Certified NO _x Emission Level:	List any other financial incentives/programs (tax credits, deductions, grants, or other public assistance) applied to project:				
EPA Engine Family: REQUIRED					

+ All estimates must be accompanied by proper documentation.

COMPLETED W-9 FORM REQUIRED FOR REIMBURSEMENT OF GRANT AWARD

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2

Name	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN).
However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

**Sign
Here**

Signature of
U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.